



PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) APBI-P04-340	
	In re Application of Michael Z. Gilman		
	Application Number 09/676834		Filed September 29, 2000
	For NEW APPLICATIONS OF GENE THERAPY TECHNOLOGY		
	Art Unit 1633	Examiner S. Kaushal	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|-------------------------------------|--|-----------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ 950.00 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 475.00 | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed. | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | |
| <input checked="" type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account. | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945 | |

I have enclosed a duplicate copy of this sheet.

- I am the applicant/inventor.
 assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 attorney or agent of record. Registration Number 54,408
 attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____

July 16, 2004
Date

Signature

(617) 951-7653
Telephone Number

Melissa S. Rones, Ph.D.
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 7/16/04 Signature:
(Ginny Blundell)